

**TOWN OF HILTON HEAD ISLAND BUILDING PERMIT APPLICATION REQUIREMENTS**  
**Community Development Department 843-341-4757**

**1. Owner, Contractor or General Contractor must submit the following:**

- ☐ Completed Building Permit Application with all required fees.
- ☐ **Commercial Property Owners/Landlords must have a Town of Hilton Head Island Business License**
- ☐ Subcontractor License Acknowledgement
- ☐ Original/ Notarized Mechanical Certificates
- ☐ Solid Waste Disposal Plan
- ☐ Completed Subcontractor Roster prior to Permanent Service or Final Inspection, including state license numbers (when required) and business license numbers
- ☐ Contractors shall carry both,
  - ☐ A valid Town of Hilton Head Island Business License, and
  - ☐ A current State of South Carolina license, when required by law.

**2. Any exterior changes, or interior added habitable space in one and two family dwellings will require four (4) sets of site plans with elevations drawn to scale indicating property lines, setbacks, buffer and height requirements of Title 16 of the Town Code (LMO), Chapter 5. In the Forest Beach district a Tree Survey will be required. In other areas it may be required to be submitted.**

**3. For all buildings the Site Plans and Elevations shall contain the following information:**

- ☐ Any existing structures,
- ☐ Mean Sea Level (MSL) height of first habitable floor,
- ☐ MSL of each additional habitable floor, or floor to floor heights,
- ☐ Height of roof or highest roof feature,
- ☐ Set back angles,
- ☐ Required base flood elevation if the property is located in a flood hazard zone.

**4. For all buildings provide three (3) sets of building plans.**

- ☐ For one and two family dwellings, provide documentation that the proper design criteria was met by using one of the following: Standard for Hurricane Resistant Residential Construction (SSTD10), American Forest and Paper Assoc (AF&PA )or American Society of Civil Engineers (ASCE-7) The building official may require the plans to have the seal of a registered design professional.
- ☐ **For Commercial the plans shall be stamped by a SC State licensed architect or engineer when,**
  - ☐ The building is over **5,000** square feet in size,
  - ☐ Over **two** stories in height,
  - ☐ The building is classified as a **Group A, E or I occupancy.**
- ☐ **Both Commercial and One and Two family plans will show,**
  - ☐ The location, nature and extent of the work proposed and show in detail that it will conform to the provisions of the locally adopted Codes, ordinances and rules and regulations of the Town and the State.
  - ☐ Dimensioned floor plans
  - ☐ Plans on all mechanical, electrical and plumbing work.
  - ☐ Structural plans showing at a minimum, foundations, wall sections and loads (including calculations)
  - ☐ Detail the location, construction, size and character of all portions of the means of egress.

**5. Provide the Septic Tank Permit, if applicable.**

**6. A Foundation Survey is required for new structures prior to pouring the foundation. Additions and pools located in overlay districts or where an Office of Ocean & Coastal Resource Management (OCRM) stamp is required a Foundation Survey must also be furnished. An As Built is required prior to Certificate of Occupancy or Final Inspection.**

**7. A Certified Copy of the Under Construction Flood Elevation Certificate (FEC) is required prior to vertical construction above the first habitable floor in A & V zones. An original FEC for “Finished Construction” is required before the Final or Certificate of Occupancy inspection. V-Zone certification is required for all buildings located in a Velocity Flood Zone.**

**8. A notarized Non Conversion Agreement must be provided prior to the rough in inspections for all new construction, additions or substantial improvements in a flood hazard zone with an enclosed crawl spaces greater than 5’ high, an attached or detached garage or an accessory storage building.**

Office use only: Permit fee:

Plan ck:

Impact:

Total:

Town of Hilton Head Island  
Community Development Department  
1 Town Center Court  
Hilton Head Island SC 29928  
843-341-4757



## Building Permit Application

B \_\_\_\_\_

DPR # \_\_\_\_\_

(Commercial- if required)

### LOCATION OF WORK BEING PERFORMED:

Lot # \_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_  
SUBDIVISION \_\_\_\_\_

Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory <input type="checkbox"/> Modular Structure <input type="checkbox"/> Multi Family <input type="checkbox"/> Commercial <input type="checkbox"/> Affordable Housing <input type="checkbox"/>	
(If Commercial) Place Name: _____ BLDG # _____ UNIT #: _____  Building Owner: _____ Building Owner HH Business License #: _____	Unit Owner: _____ Unit Owner HH Business License #: _____  Tenant Name: _____ Tenant HH Business License #: _____
Parcel ID <u>R</u> _____ / _____ / _____ / _____ / _____	
FLOOD ZONE: _____	

Property (Land) Owner Information	Applicant: Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/>
Name:	Name
Address:	Address
Address:	Address:
Phone:	Phone:
Contractor	Primary Contact
Name:	Name:
Address:	Address:
Superintendent Phone:	Address:
Contractor Phone:	
Contractor License/registration #:	Phone:
HHI Business License #:	
Architect	Engineer
Name:	Name:
Phone:	Phone:
State License # :	State License #
Project Type: New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Repair <input type="checkbox"/> Other <input type="checkbox"/>	
Is this a change on occupancy? Y <input type="checkbox"/> N <input type="checkbox"/> Number of Units: _____	

Detailed Description of work:			
<b>INSULATION INFORMATION:</b> (CHECK ONE)- PRESCRIPTIVE - _____ PERFORMANCE BASE - _____			
Solid waste containment method: _____ Waste pick-up and disposal schedule: _____ Disposal location (site): _____ Name of party or company responsible for the removal: _____ <b style="color: red;">Location of dumpster is required for <u>Commercial and Multi-family permits</u>– please provide a drawing.</b> <b style="color: red;">If you have any questions, please call 341-4681 or 341-4757.</b>			
<b>New Structure or Addition</b>			
Heated Sq. Ft. (new or added)		Total Parcel Area	
Unheated Sq. Ft. (new or added)		Total Impervious	
Number of stories		Fire alarm system	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of bedrooms		Sprinklered	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of bathrooms			
Total residential rooms		Type of heating/air	
Number of elevators		Gas appliances	
Number of fireplaces		Size of LP tank	
Type of exterior materials		Type of sewage	<input type="checkbox"/> PSD <input type="checkbox"/> Septic
<input type="checkbox"/> Re-roof		Septic tank number	
Material: _____ Amt of fasteners: _____			
Wind Uplift: _____ Type of fasteners: _____			
Years of Guarantee: _____			
<b>Other Permit Types</b>			
<input type="checkbox"/> Construction trailer <input type="checkbox"/> Plumbing <input style="color: green;" type="checkbox"/> Irrigation <input type="checkbox"/> HVAC replacement <input type="checkbox"/> HVAC-other	<input type="checkbox"/> Moving permit <input type="checkbox"/> Demo <input type="checkbox"/> Other: _____	<b style="color: blue;">POOL APPLICATIONS:</b> <input type="checkbox"/> Residential pool/spa Sq Ft: _____ <input type="checkbox"/> Commercial pool/spa Sq Ft: _____ <input type="checkbox"/> Natural Grade Elevation: _____ <input type="checkbox"/> Elevation of Pool Deck: _____	
<input type="checkbox"/> Electrical Change out <200 Amp <input type="checkbox"/> Electrical Change out >200 Amp <input type="checkbox"/> Electrical	<input type="checkbox"/> Tent <input type="checkbox"/> Air supported structure	<input type="checkbox"/> Re-roof Material: _____ Amt of fasteners: _____ Wind Uplift: _____ Type of fasteners: _____ Years of Guarantee: _____	
<b>Value of Construction (includes materials, labor, profit)</b>			
Plumbing	\$	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100px; margin: 0 auto;"></div>	<b>Total Value of Construction</b>  <div style="text-align: center; font-size: 1.5em;">\$</div>
Electrical	\$		
Mechanical	\$		
Building	\$		

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. The information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be according to approved plan and in compliance with Town of Hilton Head Island current adopted codes.

PERMIT #: \_\_\_\_\_

## LICENSE REQUIREMENTS

*(Please read carefully. This form is required at time of application)*

- Individuals and entities involved in the construction, repair or renovation of structures including mechanical construction are required to comply with **licensing requirements of the State of South Carolina and the Town of Hilton Head Island.**
- **Persons engaged in business in the Town of Hilton Head Island are required to have current business licenses.**
- The Contractor must furnish the Community Development Department with a sub roster form listing subcontractor names, business license numbers and state/local licenses or registrations as applicable. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor but who are performing work on the job.
- No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.
- **In no case will a permanent service inspection or final, if there is not a permanent service inspection, be processed until a completed subcontractor roster is submitted and all license numbers are accurate, complete and current.**

*Should the contractor allow a subcontractor or craftsman to begin work on a job without a business license, the contractor shall be subject to a suspension of his business license in accordance with Section 10-1-150 of the Code of Ordinances.*

**I, the undersigned, have read and understand the above statement. I am the contractor in charge or authorized agent for the contractor in charge.**

**Print:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date**\_\_\_\_\_

Permit #: \_\_\_\_\_

**Town of Hilton Head Island**  
**Mechanical Certification of Work to be Performed**

**Note**

- The Mechanical Certificate is required **before work begins** in PLUMBING, ELECTRICAL or HVAC
- All information on the form is **required**. Only **completed forms** will be accepted.

*State Mechanical License (Residential & Commercial)*  
# \_\_\_\_\_ License Group: \_\_\_\_\_

*Municipal Assoc License (Residential)*  
# \_\_\_\_\_

***Business License #***

Work Site: \_\_\_\_\_ (as it appears on the permit)  
Owner: \_\_\_\_\_  
Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

☐ Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_  
☐ Plumbing \_\_\_\_\_  
☐ Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

*I, am the Owner or Authorized Agent of \_\_\_\_\_.*  
***Company Name***

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Town of Hilton Head Island**  
**Mechanical Certification of Work to be Performed**

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- All information on the form is **required**. Only **completed forms** will be accepted.

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# \_\_\_\_\_ License Group: \_\_\_\_\_

*Municipal Assoc License (Residential)*  
# \_\_\_\_\_

***Business License #***

Work Site: \_\_\_\_\_ (as it appears on the permit)  
Owner: \_\_\_\_\_  
Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

☐ Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_  
☐ Plumbing \_\_\_\_\_  
☐ Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

*I, am the Owner or Authorized Agent of \_\_\_\_\_.*  
*Company Name*

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: \_\_\_\_\_

**Town of Hilton Head Island**  
**Mechanical Certification of Work to be Performed**

**Note**

- The Mechanical Certificate is required **before work begins** in PLUMBING, ELECTRICAL or HVAC
- All information on the form is **required**. Only **completed forms** will be accepted.

*State Mechanical License (Residential & Commercial)*  
# \_\_\_\_\_ License Group: \_\_\_\_\_

*Municipal Assoc License (Residential)*  
# \_\_\_\_\_

***Business License #***

Work Site: \_\_\_\_\_ (as it appears on the permit)  
Owner: \_\_\_\_\_  
Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

☐ Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_  
☐ Plumbing \_\_\_\_\_  
☐ Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

*I, am the Owner or Authorized Agent of \_\_\_\_\_.*  
*Company Name*

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: B \_\_\_\_\_

Job location: \_\_\_\_\_

## **SUBCONTRACTOR ROSTER**

**Instructions:** Fill in the information in each column. All license numbers must be current. This form is required ***before the inspection for permanent service.*** A specialty contractor's license is not needed for commercial work. ***Current business licenses are required.***

Owner name: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor name: \_\_\_\_\_ Business License # \_\_\_\_\_

### **PRINT ALL INFORMATION**

TRADE	CONTRACTOR COMPANY NAME	License holders name	HHI BUSINESS LICENSE #	SC STATE CONTR LICENSE#
Electrician				
Plumber				
HVAC				
Roofer				
Foundation				
Masonry				
Steel				
Vinyl/alumi- num siding				
Stucco				
Insulation				
Sheet rock/drywall				
Carpentry- framing				
Carpentry - interior trim				
Cabinets				
Painting				
Iron railings				
Wallpaper				
Tile work				
Equipment				
Elevator				
Factory fireplace				NA
Glass				NA
Building Sprinkler				
Alarm system				
Gas				



**For use with: Single Family Permit  
Applications (1 & 2 Family Dwellings)**

PERMIT #: \_\_\_\_\_

**TOWN OF HILTON HEAD ISLAND – COMMUNITY DEVELOPMENT DEPARTMENT  
WINDOW AND DOOR DP RATINGS PER - 2006 INTERNATIONAL RESIDENTIAL CODE**

*\*This form is required for any construction that includes new or replacement window(s)/door(s)*

DESIGN PRESSURE VALUES LISTED IN TABLE ARE POUNDS / SQ FT (PSF)

**ZONE 5 = ALL WINDOWS / DOORS THAT ARE 4 FT OR CLOSER TO A CORNER**

**ZONE 4 = ALL OTHER WINDOWS / DOORS**

Enter number of windows and check the APPLICABLE boxes

WIND ZONE – INLAND

**130 MPH (B EXPOSURE)**

**BASIC WIND ZONE**

**(MPH 3 SECOND GUST)**

Mean Roof Height	<b>ZONE (4)</b>	<b># OF WINDOWS</b>	<b># OF DOORS</b>	<b># OF SKY LIGHTS</b>	<b>ZONE (5)</b>	<b># OF WINDOWS</b>	<b># OF DOORS</b>	<b># OF SKY LIGHTS</b>
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			

WIND ZONE – OCEANFRONT

**130 MPH (C EXPOSURE)**

**BASIC WIND SPEED**

**(MPH 3 SECOND GUST)**

Mean Roof Height	<b>ZONE (4)</b>	<b># OF WINDOWS</b>	<b># OF DOORS</b>	<b># OF SKY LIGHTS</b>	<b>ZONE (5)</b>	<b># OF WINDOWS</b>	<b># OF DOORS</b>	<b># OF SKY LIGHTS</b>
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			

**Type of Protection for Openings**

☐ High impact glass

☐ Approved shutters

**Type of  
shutters/other**

**U Value:** \_\_\_\_\_

**Solar Heat Gain Co-efficient:** \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_